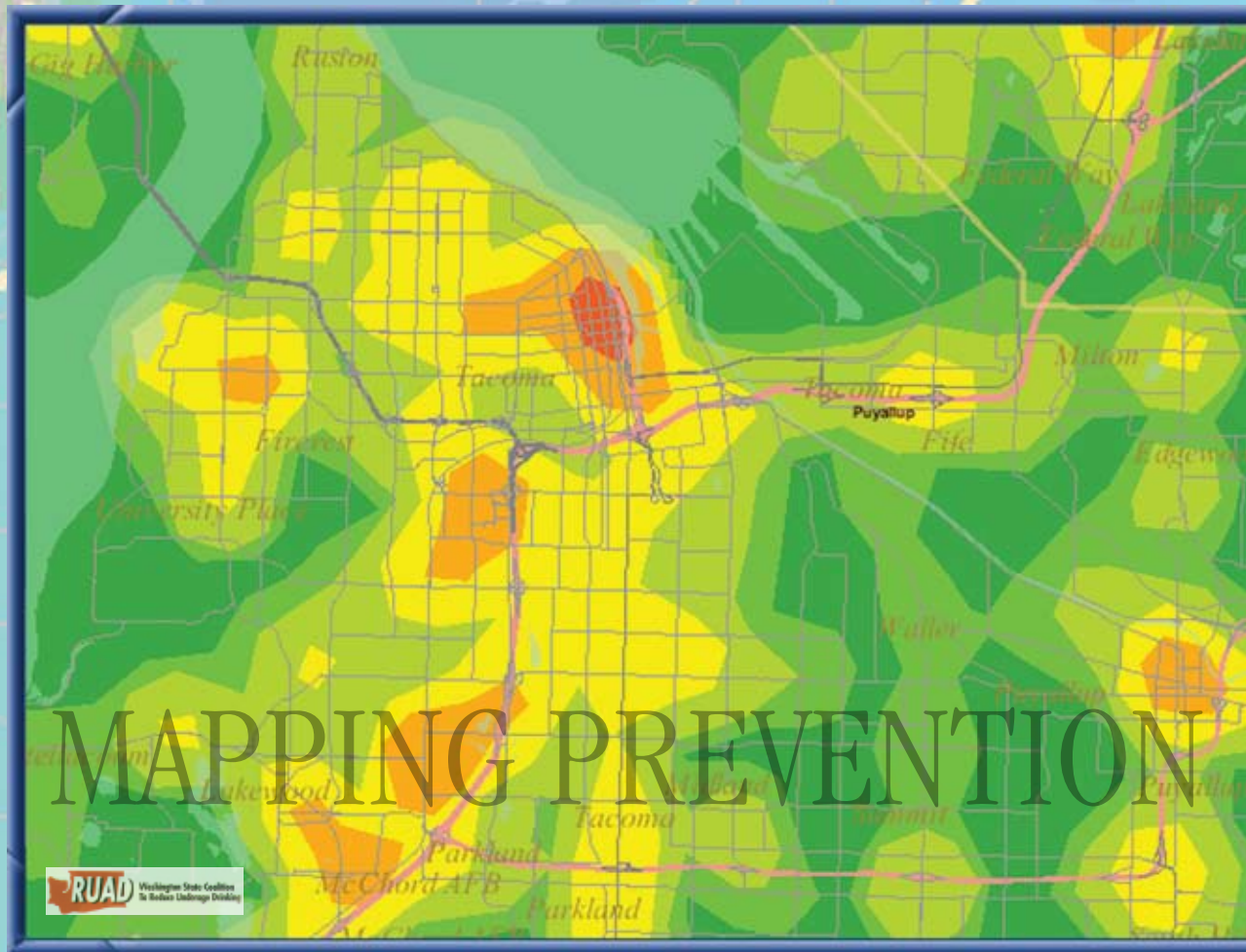


OCTOBER 2006

Alcohol, Tobacco and Other Drugs

Prevention File



■ Mapping Prevention

■ Getting Serious
About Fake IDs

■ Taking Action Against Meth-
Fueled Identity Theft

Drunk Driving: Still a Severe Problem

In 2005 alone, there were 16,885 alcohol-related fatalities in traffic crashes, a figure nearly unchanged during the last decade, according to the U.S. Department of Transportation's National Highway Traffic Safety Administration.

"Alcohol and automobiles are a lethal combination," said NHTSA Administrator Nicole Nason. "That is why we are working closely with our law enforcement and national

advocacy partners to get even tougher on drunk drivers."

The impaired driving data provides new details that will help police and NHTSA tackle the problem. The report found that fully 39 percent of all traffic deaths involved alcohol. However, 23 states and Puerto Rico showed a decrease in the number of alcohol-related fatalities between 2004 and 2005.

NHTSA also announced the launch of new \$11 million campaign, "Drunk Driving. Over the Limit. Under Arrest," which will be the largest advertising blitz ever used to combat drunk driving. The TV, radio and Web ads, in both English and Spanish, will run nationally on programs viewed primarily by 21- to 34-year-old males. According to NHSTA data, the highest percentage of drivers in alcohol-related fatal crashes was for male drivers ages 21 to 34 (33 percent), followed by males age 35 to 44 (25 percent).

Wet vs. Dry Debates in the South

Over 400 counties in the South and in Kansas prohibit the sale of alcohol. But, according to a report in *The New York Times* (Aug. 12, 2006), "local and national business interests that stand to profit from the sale of alcohol, including real estate developers, grocery chains, restaurant groups and Wal-Mart, are combining their political and financial muscle to try to persuade hundreds of dry towns and counties to go wet."

The Times report says that since 2002, business groups have spent upwards of \$15 million on campaigns, including professional lobbyists, to persuade voters in some 200 dry towns and

25 dry counties in six Southern states to legalize alcohol sales in stores and restaurants.

Church groups and religious leaders who are opposed to alcohol sales in their communities say that such sales will lead to "more family violence, under-age drinking, drunken driving and a general moral decay in the community."

"But voters are increasingly likely to follow their pocketbooks rather than the words of their pastors. Alcohol proponents often make the case that liberalizing laws will increase tax revenue and reduce the need for property tax increases, an issue looming large in voters minds," says *The Times*.

Alcohol and Heart Health—Again

Recent research has provided additional evidence that moderate alcohol consumption can be beneficial when it comes to heart health. A study in the *Archives of Internal Medicine* (Vol. 166, No. 14, July 24, 2006) showed that light to moderate alcohol consumption in people age 70 to 79 is associated with significantly lower rates of cardiac events and longer survival. And researchers reported in the *Journal of the American College of Cardiology* (Vol. 28, No. 2, July 18 2006) that moderate alcohol consumption may help ward off development of heart failure.

According to the National Institute on Alcohol Abuse and Alcoholism, studies from at least 20 countries in North America, Europe, Asia and Australia consistently show that moderate drinkers—one drink a day for a woman, two for a man—have rates of heart disease between 20 percent and 40 percent lower than abstainers or heavy drinkers,

But a report in the *Los Angeles Times* (July 31, 2006) points out that crossing the line from moderate to abusive drinking not only erases the heart health benefits, it introduces dozens of additional health problems. "In the former Soviet Union and parts of Eastern Europe, for example, binge drinking was found to eliminate the rise in HDL, the cholesterol that protects the heart, seen in moderate drinkers, according to a 1998 study in the *Journal of the Royal Society of Medicine* (Vol. 91, No. 8). In a 2001 study in the *International Journal of Epidemiology* Vol. 30, No. 4, August 2001) weekend binge drinking in Lithuania was found to be responsible for spikes in the numbers of deaths from heart disease over the weekend."

"This is a true public health conundrum," Thomas Pearson, MD, chairman of the depart-

ment of community and preventive medicine at the University of Rochester School of Medicine told the *Times*. "If you really want to shift the alcohol balance toward the benefit, you'll concentrate on responsible drinking among young people. It's in the 45-plus-year-old where alcohol may be beneficial."

Second-hand Smoke: Dangerous to Your Health

"Second-hand smoke clearly kills people and the only way to control it is to ban all smoking in workplaces," said then U.S. Surgeon-General Richard Carmona in a report which echoed the landmark 1964 Surgeon General's report that paved the way for mandatory cigarette warnings and advertising restrictions.

The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General (June 27, 2006) details the effects of second-hand smoke and said no one should be forced to inhale it.

"The scientific evidence is now indisputable: second-hand smoke is not a mere annoyance. It is a serious health hazard that can lead to disease and premature death in children and nonsmoking adults," said Carmona.

"The good news is that, unlike some public health hazards, second-hand smoke exposure is easily prevented," Carmona said. "Smoke-free indoor environments are proven, simple approaches that prevent exposure and harm." The report finds that even the most sophisticated ventilation systems cannot completely eliminate second-hand smoke exposure and that only smoke-free environments afford full protection.

"Our progress over the past 20 years in clearing the air of tobacco smoke is a major public health success story," Carmona said. "We have averted many thousands of cases of disease and early death and saved millions of dollars in health care costs." He emphasized, however, that sustained efforts are required to protect the more than 126 million Americans who continue to be regularly exposed to second-hand smoke in the home, at work, and in enclosed public spaces.

Copies of *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General* and related materials are available on the Surgeon General's Website at www.surgeongeneral.gov/library/secondhandsmoke/.

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PREVENTION FILE Contents

SUMMER 2006 • Volume 21, Number 3



COVER
“MAP IT TO PREVENTION”
by J. Lane Designs

2 Mapping Prevention

Geographic information system technology helps identify
problems and assess effectiveness

6 Q&A with Robert Voas

A researcher on alcohol and traffic safety reflects on his 30
year career

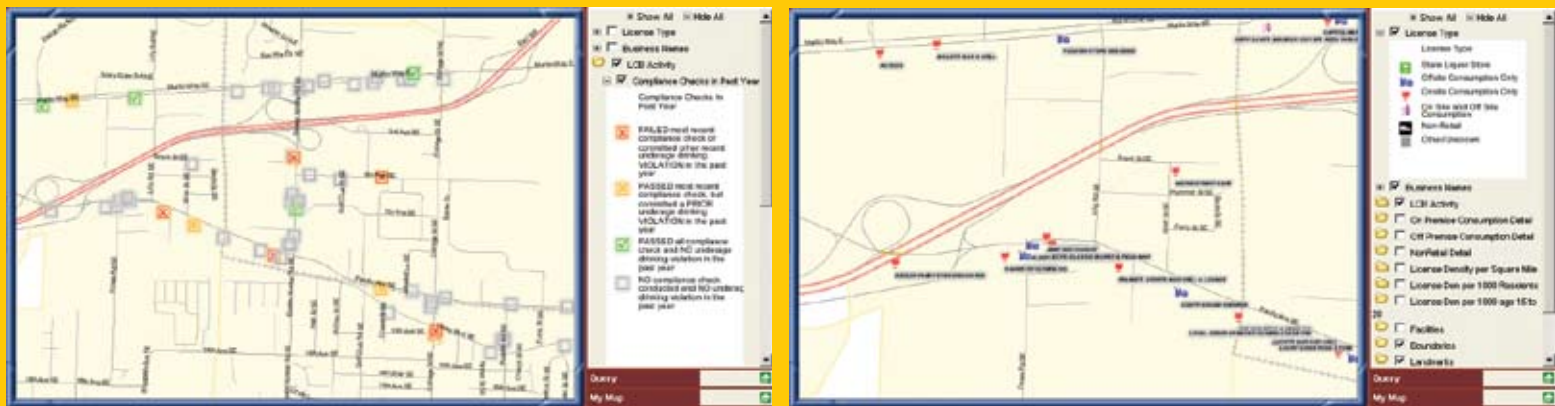
11 Getting Serious about Fake ID's by William DeJong

15 Taking Action Against Meth-Fueled Identity Theft

Another problem related to methamphetamine use

Prevention Updates

inside front and back covers



Mapping Prevention

A PICTURE IS WORTH A THOUSAND WORDS. Of course, you could argue that some are only worth 500 words or a buck fifty. But the idea is still the same—pictures illustrate a point or tell a story, gain attention, or help facilitate understanding better and quicker than the written word.

Recognizing the power of the visual, the Washington State Division of Alcohol and Substance Abuse of the State Department of Social and Health Services has enhanced its prevention efforts by turning to Geographic Information System technology to better understand the State's needs and to assess the effectiveness of programs.

GIS consists of a collection of computer hardware, software, and geographic data for capturing, managing, analyzing, and displaying all forms of geographically referenced information. With a GIS, you can link data or information to location data—as the data is

inputted it is assigned a longitude and latitude and then located on a map.

For example, you could input data on the number of alcohol-related crashes or arrests with their locations and then represent that data on a map, called geographical (or geo) mapping. The map allows you to instantly see areas that had the most arrests or crashes. Another benefit is that you can place layers over a particular map to show more data such as population density or number of minors in a particular area. As an example, you could place a layer over other data and show the number of minors who were arrested. Or you could show how close these arrests were to a particular liquor establishment.

A Long Process

About three years ago, DASA began brainstorming ways to better collect and display data and decided that GIS was the way to go. They started talking with the Washington State Liquor

You could input data on the number of alcohol-related crashes or arrests with their locations and then represent that data on a map, called geographical (or geo) mapping. The map allows you to instantly see areas that had the most arrests or crashes.

Control Board to discuss the possibility of taking their data and converting it to a geo map. The goal was to provide a visual representation of liquor outlets that were caught selling liquor to minors during compliance checks: those that complied with the law, and those that had not had compliance checks performed on their establishments. But it took a while to convince WSLCB to work with them.

“Their primary interest hasn’t been to do this kind of work with other public agencies. They

BLUEPRINT FOR THE STATES

States bear many of the costs of alcohol and other drug addiction, spending an estimated 13 percent of their budgets on addiction-related problems, according to *Blueprint for the States: Policies to Improve the Ways States Organize and Deliver Alcohol and Drug Prevention and Treatment*, a report from a policy panel convened by Join Together, a program of The Robert Wood Johnson Foundation. It calls for states to take a leadership role in addressing the need for more drug treatment and prevention by improving how services are organized, delivered, paid for, and measured.

The report stressed that “state governments hold the keys to their own recovery from the financial and human waste caused by excessive alcohol and illicit-drug use.

“State policy, financing and regulatory authority can be effective tools,” the panelists wrote. “We were struck by the consensus that emerged in our hearings about the many strategies that can be pursued at surprisingly low cost.

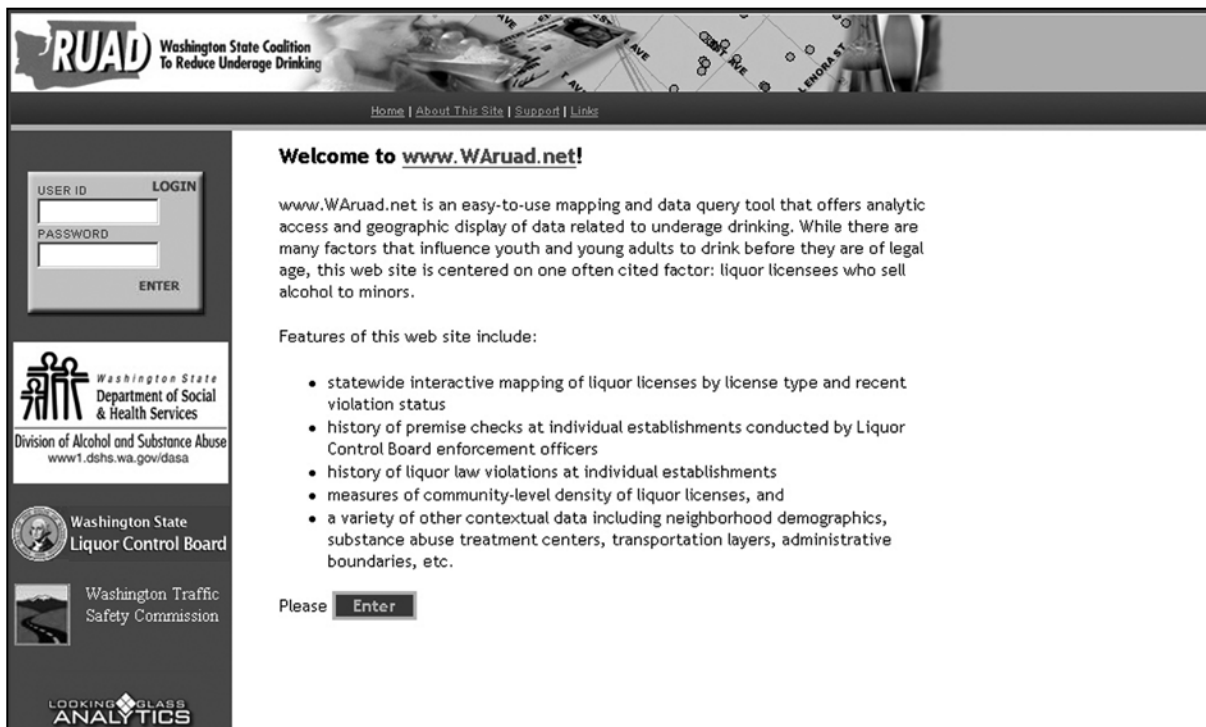
“We also found what is missing: leadership at the top and strategies that use the range of tools that states already have. This report is a blueprint for governors, legislative leaders and chief judges to adapt and use to gain control of the biggest single financial drain they face.”

The Blueprint panel recommended that states:

- develop a statewide strategy that includes all agencies affected by drug and alcohol problems
- increase accountability for all state agencies working on issues related to addiction
- educate lawmakers about the costs of alcohol and other drug addiction to improve their participation in policymaking
- train judges to address alcohol and other drug use among defendants and improve coordination with treatment services
- create a state alcohol and other drug policy advisory board, answerable to the governor and lawmakers, that includes representatives from the recovering community and civic leaders

Panel members also called for states to vest responsibility for implementing their statewide alcohol and other drug strategy in an entity “at the highest possible level in state government” and that reports directly to the governor.

The full report is available at www.jointogether.org/aboutus/policy-panels/blueprint/Blueprint_PDF.pdf



**Whenever you
give people
mapped data,
it makes more
sense to them.
It is much more
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giving them
a long report
because they
can't visualize it,**

had a very narrow role," said Linda Becker, manager of prevention research at the DASA.

Once the liquor board saw the possibilities of GIS, however, they became actively involved in the development and DASA and WSLCB now have a close working relationship.

The next hurdle was actually getting the information from WSLCB because it was not readily available. While the data existed, getting it was another thing because the computer infrastructure in which it was contained made the information virtually inaccessible.

"One of our challenges was that the liquor control board's IT [information technology] department was so small that it took weeks and weeks just to talk to them because they were so busy and under-funded. But as the liquor board saw the benefits to using GIS, they changed their level of attention to that issue. Now we get a monthly feed of data from them and it comes without us asking for it," said Becker.

DASA wanted to focus on increasing compliance rates so they saw this as a perfect start to using the GIS. It was a win-win for both. By

mapping compliance, DASA will be able to see where they need to increase prevention efforts and WSLCB can see where they need to concentrate their compliance efforts and better plan where inspections are most needed.

Becker also said it will help the liquor board more effectively surprise the liquor establishments. She said liquor stores are famous for notifying each other that the inspectors are in a particular area and putting them on alert. Using the mapping technology, the liquor board will plan their inspections in a way that will be more reliable and efficient.

Access on the Web

Now that the data has been analyzed and uploaded and the maps developed, the next step is putting the maps on a Website so that the public can have access to this new data. The Website will go live soon, said Joe Kabel, president of Looking Glass Analytics who has designed the GIS, collected the data, and created the Website.

The Website Kabel designed will allow users

to zoom in on a particular area from a larger map of the State. As the area concentrates on a smaller geographical area, users will be able to see symbols that represent different locations. For instance, they might see green checks representing those alcohol establishments that are in compliance. Or they will see a red "X" for those that aren't in compliance. They will see a gray box for those where no compliance checks have occurred. There will also be other symbols to represent such places as parks or schools. The maps will show data from the last 12 months and will be updated each month.

"You might see a number of gray boxes on one side of town and a bunch of checks, some red, some green on the other side," said Kabel. "So you might decide to start working in the area that had the high concentration of gray boxes. Or you might look at the area with the green check marks and be able to assess why you've had success in that area."

The Future

Once the compliance check map is up and running on the Website, Becker wants to begin mapping social availability of alcohol to minors. They would like to show the success of shoulder tap programs where a minor decoy, under the supervision of law enforcement, solicits adults outside a liquor establishment to buy him or her alcohol. Anyone caught furnishing alcohol

to the minor decoy is arrested for furnishing alcohol to a minor. They also want to show data that they've received from student surveys that cite where students are getting alcohol.

Becker would like to geo-map the arrests that are alcohol related but most of the police departments don't geo-code those arrests. DASA is working with the state Department of Transportation to provide geo data on alcohol-related car crash data.

"We want to develop a relationship with the police departments to give us geographic information with their arrest data to enable us to monitor the outcomes of our prevention efforts."

Becker also foresees the potential for mapping student survey data. For example, they could map areas of the state where there is a high concentration of minors getting access to alcohol from adults and those where they get most of their alcohol from peers. They could also map concentrations of areas where minors binge drink the most or where rates of binge drinking are decreasing.

They will also use it soon to map tobacco compliance. Washington State's Tobacco Prevention and Control Program is better funded for compliance and better equipped for collecting data than the liquor control board, said Becker. When the tobacco prevention agents conduct compliance checks, they carry

hand-held devices that allow them to provide an instant electronic entry of data, including geographical information.

Becker sees mapping as great tools for prevention professionals. She hopes that they will use the technology to provide them with important needs assessment data. And she foresees people will use it to convince the public and policy makers of the need for prevention efforts in specific areas. To help in this effort, they will create large paper maps that people can use at public meetings to talk about, illustrate, and point to areas of a county or region in which police have identified as areas of concern.

As they have developed the maps, more and more people have been impressed with the data. Becker said that every time they demonstrate the technology people are on the edge of their seats and they want to know when it will be available.

"Whenever you give people mapped data, it makes more sense to them. It is much more effective than giving them a long report because they can't visualize it," said Linda Becker, manager of Prevention Research at DASA who has been instrumental in starting this activity. □

Q&A

WITH ROBERT VOAS



ROBERT VOAS, PHD, has been involved in research on alcohol and highway safety for 30 years, initially

as director of the National Highway Traffic Safety Administration's Office of Program Evaluation and more recently as principal investigator for government research programs in drinking-driving and community alcohol problem prevention. Voas is a Fellow of the American Psychological Association and a past president of the International Council on Alcohol, Drugs, and Traffic Safety. He is also a member of the Committee on Alcohol and Drugs, the National Safety Council, and the Committee on Alcohol and Other Drugs of the National Transportation Research Board and has served on the National Board of Mothers Against Drunk Driving.

When you first started your research on Alcohol and Traffic Safety 30 years ago what were the important research questions?

A: A 1968 NHTSA report on alcohol and highway safety found that the problem drinker is a major factor in traffic safety. The need to address problems drinkers led to the founding of Alcohol Safety Action Programs in 35 communities across the country. Congress appropriated some \$88 million to those communities for enforcement and public information related to enforcement, as well

as to courts for prosecutors and extra personnel. These programs emphasized treatment for people convicted of drinking and driving who were identified as having an alcohol problem

The ASAP program resulted in a number of policy recommendations, but perhaps the most enduring was that courts include in the sanctioning process a requirement that convicted drinking drivers go to a treatment or education program. Most courts used only traditional sanctions, such as fines, license suspension, and jail. But in the ASAP communities treatment was required. Now such requirements are basically ubiquitous across the country, in part because the offenders rather than the government are required to pay for it.

Another ASAP recommendation was the use of highly publicized DUI enforcement, which is very important. But the problem with this element of a comprehensive program is that communities have to pay for enforcement, so the intensity of the enforcement effort varies widely from community to community depending on the resources the city council is willing to devote to provide to the police department to carry out drunk driving enforcement.

From your perspective as a former Mothers Against Drunk Driving board member, what role do you think that MADD played in changing societal views on drinking and driving?

A: Just about all the traffic safety activist and researchers give MADD a great deal of credit for bringing home to the public the true nature of the injury and suffering that was occurring on the nation's highways. What MADD, and several similar organizations, did was focus on the victims, particularly children, and by doing so they captured the public's attention.

MADD is given a lot of credit for the change in public perception of drinking and driving, but it is hard to translate the effect that had into a reduction in crashes directly. But in the period from 1980 and on, when MADD was a significant national force, I could see a difference in that states started passing better drinking and driving legislation. From 1968 to about 1979, those of us in government felt there were a number of good drunk driving countermeasure programs that were not being implemented. As a result drinking and driving fatalities continued to rise through the late 1970s. But when MADD and the public in general got concerned, those rates began to drop, and dropped precipitously for another decade and a half, by about 46 percent. Those of us working in traffic safety before MADD saw the difference

between having solutions that we couldn't get in place and having a public that supported those solutions and moved state legislation to pass strong legislation which resulted in reduction in alcohol-related injuries and deaths.

As a past president of the International Council on Alcohol, Drugs, and Traffic Safety, why do you think it is important to pay attention to international research when it comes to alcohol and traffic safety issues?

A: For two basic reasons. First, it is important to be aware of crash trends in other countries to measure our own progress. Canada and several European countries have been experiencing trends in alcohol related crashes similar to ours. We can determine what factors are producing changes in those countries and see whether they are having similar effects in this country.

Second, other countries develop and test new programs that, in some cases, can be implemented in the United States.

One famous example is the passage of British Road Safety Act in 1967, which allowed police to breath test drivers at the roadside and resulted in a very large decline

in alcohol-related crashes. Police officers were authorized to conduct a breath test if they suspected drinking and driving or if there was a traffic offense. That experience influenced the United States. We developed small hand-held breath testers for police use at the roadside to help determine whether the driver they have stopped should be cited for impaired driving. Another example is random breath testing program in Australia. While under our Constitution police cannot stop drivers at random and test them, we can get much of the same effect through sobriety check points. So, there is much we can learn from other countries.

From your research on underage drinkers crossing from the United States into Mexico to drink, what did your findings say about ways to reduce such problems?

A: Our bars and package stores must operate under the law. That means they are supposed to check IDs to make sure that young people under



**One problem
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are unaware
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age youths to
buy alcohol
in 'off site'
locations such
as grocery and
convenience
stores.**

21 are not either drinking in the bar or buying alcohol for an off-site consumption. But many young people get their alcohol from either adults or older friends, who can purchase it, and then they go to keg parties in the homes of parents that are away or to a beach and/or park to have their party. At such parties attendees are exposed to a lot of alcohol.

Generally, all you can drink until the beer runs out.

That kind of event occurs across the border. In Mexico the drinking age is 18 so, unlike in the United States, 20, 19, and 18 year-olds can all drink legally. Some bars are right on the other side of the bridge across the river in Mexico. These bars cater to young people—for a set entrance fee they get all the alcohol they can drink. Some actually advertise “women drink free all night” in order to attract the men. Aside from very cheap, easily available alcohol, these bars create an atmosphere that encourages heavy drinking and accept a level of drunken and raucous behavior that would be unacceptable in most American bars. In our border project we interview and breath-test young people looking to escape U.S. alcohol control policies. We interview them going into Mexico to drink and when they come back at about three or four in the morning. As they cross into Mexico, about half tell us that they intended to get drunk, not to just have a drink or two. They are heavy drinkers, many admitting to having driven after drinking, to binge drinking (more than five drinks on an occasion) as well as to using marijuana. They are, I think, similar to some of those who seek out the unsupervised keg parties.

Three significant factors produce danger-

ous drinking situations for these young people.

The first is the alcohol is available *ad lib*—the entrance fee includes all the alcohol they want, motivating folks to drink as much as possible to get their money's worth. Second, because these young people are heavy drinkers, those who frequent these bars provide peer support for the heavy drinking of others. Finally, adults are not present. To be sure, in Mexican bars the owners and the waiters are present, but they tolerate much more drunken behavior than would be the case in more up scale bars in Mexico or the United States. This results in about 40 percent of young people coming back from Mexico with blood alcohol levels over the limit for driving. Many get into their cars and drive home.

But that is only part of the problem. Fights break out among young people standing in line for a long time at the border crossing. And women have a particular problems, with high-risk sex and sexual assault. This is a problem for young drinkers when they are outside our normal regulations on sales of alcohol.

In the United States the same three factors are often present at keg parties, when there are no adults around. That means that if young people want to get drunk, they can because once at the party beer from the keg is free and there is no authority figure to stop them from acting drunk. Thus, our border surveys allow us to study high risk drinking behavior that frequently occurs in communities within the United States.

From a researcher's perspective, what role do you think researchers should play when it comes to advocating for public policy change?

A: Researchers have a responsibility to make sure that the data on which they base their results is carefully collected and conservatively interpreted. They to insure that the results are available to the public and particularly to public health specialists and citizen activists and legislators. That responsibility is two-fold. They need to make sure that their work not only gets published, but also that it is interpreted correctly. When it is not correctly interpreted, researchers should make an effort to correct the record. One difficulty for those in science is that research funds are limited and funding agencies frequently do not support the dissemination of research results. That is, they do not necessarily support the work involved in writing research articles or going to meetings to present results. Rarely, if ever, are funds available for researchers to appear before a legislative committee to present their results. This is a problem when it comes to getting research results applied in the field. The science to action link has not been well funded. A lot of good people are trying to make that link, but it's been a very difficult one.

Your recent study on the impact of alcohol safety laws on alcohol-related fatal crashes has led you to call for greater enforcement of underage drinking laws. What sorts of measures do you think are needed? And is this an advocate role for you?

A: Yes, it is, due in part to my concern about the incorrect information from some sources about the effectiveness of the age 21 minimum legal drinking age law. In fact, most researchers and advocates believe it has been one of the most effective laws in terms of reducing crash injuries for young people. The National Highway Traffic Safety Administration calculates that it saves 900 lives a year. We had an unusual research opportunity back in the '70s and '80s when some states lowered their minimum purchase age from 21 to 18. Crashes involving that age group went up, but when those states raised the age back to 21, crashes went back down. It is very rare in science to study a change in both directions. Researchers, including myself, feel that the evidence in support of age 21 laws is very strong. Nevertheless, a number of legislators and college administrators do not support age 21 laws, and some are calling for their repeal.

That opposition motivated us to undertake a study of a similar situation that recently occurred in New Zealand, which lowered its drinking age law and experienced, as we did in the United States

30 years ago, an increase in drinking and driving crashes by the affected age group—18 to 19 year-olds. More worrisome was the increase in drinking driving crashes down to 15 year-olds. When the drinking age law is lowered to 18, those 18 year-olds in high school who can legally buy alcohol pass it on down to their 17, 16, and even 15 year-old buddies, resulting in more injuries and death.



What needs to be done to increase enforcement of age 21 laws in the United States?

A: One problem in most communities is that people are unaware how easy it is for under age youths to buy alcohol in 'off site' locations such as grocery and convenience stores. As a result there may be little concern with the enforcement of laws against sales to those under 21. There is a tested method for a concerned community group to determine the extent to which sales clerks are following the law. This involves sending very young looking adults, who look like they are under 21

into stores to buy alcohol. The percentage of times which the clerks fail to 'card' such purchasers provides an indication of the extent to which the law is not being enforced.. In some locations age verification is a very rare event. For example, a study in the District of Columbia found that almost 100 percent of the time there was no request for age identification. In most communities, requests for ID run about 50 percent.

The failure to require an ID should alert the community to demand that the police do enforcement stings, in which an underage police officer tries to make the purchase, and if there is a sale the police can cite the outlet and action can be taken against the outlet's license. The problem for police is that demands for their time far exceed the numbers of officers. That is why in many communities enforcement against underage sales is weak. Community members concerned with underage sales may have to get city councils involved to make sure that the police department is funded adequately to enforce the law.

Looking to the future, what do you think it is needed both in terms of research and policy to further affect reductions in alcohol related problems?

A: There are three programs that have substantial promise for reducing alcohol related crashes and are available for immediate implementation. The first is sobriety check points. There is very strong evidence that they are effective in deterring

drinking drivers. At sobriety check points police cordon off a portion of the road and systematically stop drivers to check whether they have been drinking. While check points have been approved by the U.S. Supreme Court, not all states have adopted them. They are effective because many heavy drinkers believe that when the police are conducting normal patrol operations they will not be stopped. They believe that they can avoid drawing attention to themselves by driving very carefully to avoid contact with the police. But if there is a chance that every driver can be stopped at a check point, drinking drivers will realize that they cannot control contacts with the police and will be less likely to drink and drive.

We know that when applied effectively, well-publicized check points do reduce drinking and driving. However, check points are not often used because they are viewed as expensive in terms of police resources. However, recent research has shown that check points can have equal effect when conducted with only a few (four or five) officers, so they can be implemented much less expensively and conducted more frequently. Another way to make checkpoints more efficient is to use passive sensors that can detect alcohol at a distance of six inches. They enable officers to quickly pick out drivers who should be investigated further. This keeps traffic moving and minimizes impingement on those who have not been drinking. Low manpower check points where passive sensors are employed have been dubbed "pass points."

A second proven method for reducing alcohol



related crashes is requiring convicted drinking drivers to place alcohol safety interlocks on their cars. These devices require the driver to take a breath test before they can start their car. Over a dozen studies show that when these devices are on the vehicles of a convicted drinking drivers, they are highly effective in reducing drunk driving recidivism by 50 percent to 90 percent. We need to greatly increase their use because while every year there are about one-and-a-half million DUI arrests, there are interlocks in only 100,000 vehicles of DUI offenders, or less than 10 percent of the people that could profit from them.

A third program that is immediately available and needs to be expanded is the primary seat belt law. These laws save lives because they increase the use of belts by all drivers. However drinking drivers (who are less likely to buckle up) profit more. A recent study we conducted found that states which passed a primary seat belt law significantly increased their use by drinking drivers, which in turn reduced their deaths on the highways. □

Getting Serious About Fake IDs



By William DeJong



that they are expected to use every available means to avoid underage sales, many alcohol retailers are increasingly frustrated with a legal system that holds merchants accountable but gives a free pass to minors who attempt an illegal alcohol purchase, even when using false identification.

Tom Williams, a second-generation alcohol retailer in Waltham, MA, leads a consortium of independent liquor stores in the Bay State.

"We try to do a good job," Williams asserts, "but when we catch a minor with a fake ID, nothing is done. The police don't want to do anything, but if they do, the judges almost never impose any real penalties. Nobody thinks it's a big deal, but on the flip side, if we sell to a minor with a fake ID, and he injures somebody in an automobile crash, then we get sued."



Williams expresses a point of view that generally earns little sympathy among alcohol control advocates, who believe that the onus of responsibility for underage sales should be on the clerks and store owners, not the customers.

Focusing on Retailer Enforcement

This sentiment is evident in a review of regulatory strategies for reducing youth access to alcohol that was prepared by the Pacific Institute for Research and Evaluation (PIRE) for a national leadership conference for the U.S. Department of Justice's Enforcing the Underage Drinking Laws Program (see www.ncjrs.gov/html/ojdp/compendium/2001/contents.html).

PIRE lists ten recommendations to reduce commercial availability of alcohol, most of which focus on retailer practices—for example, requiring alcohol servers and sellers to be at



least 21 years of age, mandating participation in responsible beverage service (RBS) programs, conducting frequent compliance checks, and imposing strict administrative penalties and criminal sanctions.

PIRE also urges that alcohol retailers be required to install and use scanners to detect fake IDs, while recognizing that commercial vendors should be granted an affirmative defense in cases where they can establish that they relied in good faith on apparently valid, but false identification.

Retailer complaints about one-sided enforcement are becoming louder as the quality of forged IDs improves. Several states have tried to foil counterfeiters by adding bar codes, magnetic strips, holograms, ghosted photos, and other security features to driver's licenses. In short order, forgers are able to duplicate (or at least simulate) those features, making it difficult for merchants to guarantee the authenticity of a presented ID without purchasing progressively more expensive equipment to detect high-tech fakes.

PIRE's recommendations offer thin gruel for retailers wanting to see tougher sanctions against minors who violate state alcohol laws. While calling for administrative license revocation and additional experiments with alternative sanctions, PIRE expressly states that proposals to increase the severity of criminal penalties for illegal alcohol possession or purchase by minors should be resisted.

Fighting Fake IDs

Regarding fake IDs, PIRE notes that most states call for strict penalties when minors possess or use false identification. The problem of the criminal justice system giving low priority to enforcement of these laws is not addressed.

When retailers grumble about fake IDs, alcohol control advocates brush aside their concerns by pointing out that most sales to minors are consummated with the purchaser never being asked for ID. Getting store clerks and waitstaff to check identification consistently has proven to be an enormous challenge. Studies have shown that, absent training, a majority of retail outlets will serve customers who appear to be underage without checking IDs.

Alcohol control advocates also claim that relatively few minors have ever used a fake ID to make an alcohol purchase. In fact, the research suggest otherwise. The Harvard College Alcohol Study, a national survey conducted at

This new legislation also begs the question of whether the police will respond when a retailer contacts them about a fake ID. And then there is the problem of prosecutors and judges not taking these cases more seriously.

119 four-year colleges and universities, found that 18 percent of students admitted to using a fake ID to purchase alcohol. A study published by the Insurance Institute for Highway Safety revealed that 36 percent of 4,000 surveyed high school and college students in New York and Pennsylvania reported having used some form of false identification.

Alcohol retailers often cite the Century Council's Cops in Shops® program as an effective enforcement response to fake IDs. With this program, plainclothes police officers conduct store surveillance, often posing as clerks, to catch both underage buyers and adults making purchases for minors. Public service messages alert the community that the program has been implemented, with the goal of increasing the perceived risk of apprehension. Officers also offer prevention training to retail employees, including how to spot fake IDs.

There is no evidence that Cops in Shops® leads to community-level reductions in youth access to alcohol. Thus, PIRE recommends that Cops in Shops® be used on a limited basis in retail outlets that are popular with underage purchasers and to establish working relationships with retailers for building a comprehensive responsible retailing program.

Mandatory RBS programs, bolstered by frequent compliance checks, are the most cost-effective approach for reducing minors'

commercial access to alcohol. The evidence is sufficiently clear-cut that alcohol control advocates have accused retailers of using their complaints about underage buyers to undermine support for store compliance checks.

Bolstering this contention, PIRE notes that the alcohol industry once proposed legislation in California that would require local law enforcement agencies to spend at least 50 percent of alcohol enforcement grants on Cops in Shops®, in the process supplanting compliance checks and other retailer-focused enforcement efforts.

So can anything be done to address the fact that young people are using fake IDs to buy alcohol illegally?

Some states have recently enacted laws that permit a retailer to confiscate a fake ID and hold it for law enforcement inspection, but this is insufficient. This procedure puts enormous demands on clerks and waitstaff, who must contend with irate customers. And what is the retailer's liability if an employee misidentifies and seizes a legitimate ID as a forgery?

This new legislation also begs the question of whether the police will respond when a retailer contacts them about a fake ID. And then there is the problem of prosecutors and judges not taking these cases more seriously.

The search for solutions continues.

I should be held accountable if my store fails to check someone's ID, but I want to know that any customer who tries to use a fake ID will be held accountable, too. It's only fair.

The Post-9/11 Era

The issue of fake IDs takes on increased importance in the post-9/11 era, with legitimate worries about foreign terrorists using false identification to mask their identities and gain access to security-sensitive locations. The days of thinking that possessing forged government documents is no big deal or a rite of passage should be over—even if the owner intends nothing more than to buy a case of beer.

In this larger context, alcohol control advocates need to articulate a more effective set of strategies for dealing with young people who use false identification to get alcohol. A pat declaration against stricter enforcement and sanctions for these underage purchasers, all in the name of keeping the focus on retailers, will not—and should not—carry the same force as it once did.

The push should be for more comprehensive enforcement, which targets both retailers and underage customers using fake IDs. At the same time, advocates need to remain vigilant to ensure that alcohol industry lobbyists do not use this larger concern about false identification to undermine retailer compliance checks.

That battle was fought and won in California,
and it can be won elsewhere, even after 9/11.

Tom Williams and other responsible retailers will welcome the move toward a balanced approach. "I should be held accountable if my store fails to check someone's ID," he says, "but I want to know that any customer who tries to use a fake ID will be held accountable, too. It's only fair." □


William DeJong, PhD, is a professor of social and behavioral sciences at the Boston University School of Public Health



Taking Action

Against Meth-Fueled Identity Theft

They told us that meth dealers were actually encouraging them to bring 'paper' instead of cash to get their drugs.

 METHAMPHETAMINE AND IDENTITY THEFT—both have a huge national profile in terms of public interest, yet they aren't always connected in the public mind or in terms of prevention planning. However, in San Diego, under the auspices of the Methamphetamine Strike Force, law enforcement and treatment and prevention professionals are working together to break this link with a campaign called Stop Meth Associated Crime, or SMAC.

"We suspected that the issues were related, but we weren't working these cases together in an organized way," said Damon Mosler, deputy district attorney for the County of San Diego. "I run the narcotics division, but there's a whole other unit on fraud. We were both seeing each other's cases without recognizing it."

Under Mosler's leadership, members of the Strike Force began looking more carefully at the connection between the two problems. First they defined "paper crimes" as those that involved three typical crimes: check forgery, fraud and identity theft. Mosler gathered data from his office by looking at how many cases contained both paper crime and narcotics charges.

"The numbers weren't large," said Mosler, "but there was a 30 percent increase in three years in cases where both charges were filed." To estimate the underreporting, Mosler surveyed his prosecutor and investigator staff, along with a group of officers working these cases. He found that these professionals believed that 75 percent of paper crimes also involved methamphetamine use.

Treatment professionals examined data from their point of view. Eric Mosley of the MacAlister Institute and Toni McKean, project coordinator for East County Coalition for Meth Solutions, conducted three focus groups with both men and women in recovery programs.

"They were almost unanimous in describing the connection," said Mosley. "They described themselves at the bottom rung of a highly organized, tiered system to use personal information to commit fraud.





“They told us that meth dealers were actually encouraging them to bring ‘paper’ instead of cash to get their drugs,” said McKean.

The Strike Force committee members also reached out to new stakeholders. Jay Foley, co-founder of the San Diego-based Identity Theft Resource Center, became involved. “We’ve known about the meth connection for years, but didn’t realize there was a group working on this,” said Foley. “This is a natural partnership.” Foley has informed the Strike Force about national and state identity theft legislative initiatives. He’s helped the committee members understand the interests of credit card companies, insurance companies and other stakeholders.

Another new partner is the United States Postal Service.

“Mailboxes were identified by the focus groups as a key place to steal consumer information,” said McKean. The Postal Service Fraud Unit is now working with committee to understand the types of mailboxes and the locations that are most vulnerable. The committee is using this information to develop a

campaign to upgrade mailboxes in high-risk areas.

Armed with data, the committee began to use another tool—media advocacy—to capture public attention and help frame a policy agenda. Jeff Stinchcomb, a media specialist for the Institute for Public Strategies, helped the group design and conduct media activities.

“We used a training event on meth and identity theft for hotel security officers as the kickoff event for the SMAC campaign,” said Stinchcomb.

“We found that media outlets were very interested in our story.”

Stinchcomb and the team used quotes from focus group participants placed in print on

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METHAMPHETAMINE—NATIONAL EPIDEMIC OR LOCALIZED PROBLEM?

In August of 2005, *Newsweek* featured a cover story calling methamphetamine “America’s Most Dangerous Drug,” in which it described methamphetamine use as an “epidemic” and a “plague.”

But a recent report from the Sentencing Project, a national organization working for a fair and effective criminal justice system by promoting reforms in sentencing law and practice, and alternatives to incarceration, refutes the image of methamphetamine use in the United States as popularly conveyed by both the media as well as many government officials.

“Mischaracterizing the impact of methamphetamine by exaggerating its prevalence and consequences while downplaying its receptivity to treatment succeeds neither as a tool of prevention nor a vehicle of education. To the contrary, this combination of rhetoric and misinformation about the state of methamphetamine abuse is costly and threatening to the national drug abuse response because it results in a misallocation of resources. We urge vigilance in tempering our national response to methamphetamine, keeping the focus local and providing federal funding to augment evidence-based treatment protocols that have been demonstrated successful in a number of jurisdictions,” says the report.

The Next Big Thing? Methamphetamine Use in the United States says that the portrayal of methamphetamine in the United States as an epidemic spreading across the country has been grossly overstated. “Although use rates are higher than they were ten years ago, they remain far below historic peaks and have been stabilizing in recent years. The confluence of different use measures points to one conclusion: methamphetamine use, while significant in some geographic regions, remains a rare occurrence throughout most of the United States.”

For example, while only 5 percent of adult male arrestees tested positive for methamphetamine, compared with 30 percent for cocaine and 44 percent for marijuana, in some west coast cities – Los Angeles, Portland (OR), San Diego, and San Jose – positive responses for methamphetamine use among arrestees registered between 25 and 37 percent. But in those cities, the overall rate of drug use did not rise between 1998 and 2003, suggesting that the increased use of methamphetamine replaced other drugs, particularly cocaine.

“For state and local agencies, it is critical that methamphetamine policy respond to the demonstrated needs of the population and not media accounts that frequently misconstrue the nature of the problem.” The report offers communities considering solutions that best meet their particular needs offers recommendations drawn from success stories across the country.

To read the full report go to www.sentencingproject.org/pdfs/methamphetamine_report.pdf

The committee analyzed this data to understand the related problems and devise potential solutions. Ultimately, the committee designed a four prong strategy:

large foam boards as a visual backdrop for reporters. “A dumpster is like a box of presents” was one phase that brought the voice of former meth users into the story. The committee analyzed this data to understand the related problems and devise potential solutions. Ultimately, the committee designed a four prong strategy:

• *Safe Shredding.* Documents with personal information need to be properly shredded. There are “gold standards” set by shredding associations and groups like Jay Foley’s. With committee support, the County of San Diego has initiated a review among all county departments to assess current practice

against this gold standard. Motivation increased when a City of San Diego billing clerk was arrested for selling consumer information.

• *Truncation Compliance.* “Everyone asks, what is truncation?” said Stinchcomb. Truncation—required by law—is where all but the last four digits the credit or debit card are crossed out on receipts. The MSF posted a place on their web site (www.no2Meth.org) for the public to report truncation problems. More than 150 truncation problems were reported within two weeks following a newspaper editorial on truncation. A variety of businesses—from large chains to small business—were cited, but the biggest offenders were restaurants. The committee is working with the California Restaurant Association to seek improved compliance from restaurants.

SYNTHETICS STRATEGY

In June 2006, John Walters, director of the White House Office of National Drug Control Policy, joined other officials to release *Synthetics Strategy*, which details plans for cooperation with Mexico and other international partners to drastically reduce the flow into the United States of both methamphetamine and the precursor chemicals used to manufacture methamphetamine.

Synthetics Strategy outlines a three-tiered approach to international efforts to improve intelligence and information on the global market for precursor chemicals; to implement the Combat Meth Act to restrict the domestic retail sale of precursor chemicals; and to strengthen law enforcement and border control activities, particularly with Mexico.

Other highlights of the strategy include expanding drug courts, the Drug Endangered Children program, training for resources for law enforcement interdiction and regional conferences. The strategy also calls for improvements in data collection and more sharing about effective practices at local and state levels. To view the Synthetic Drug Control Strategy visit www.whitehousedrugpolicy.gov.

SAN DIEGO'S METH STRIKE FORCE

The County of San Diego Methamphetamine Strike Force was assembled by County Supervisor Dianne Jacob in 1996, when meth surpassed alcohol as the primary drug in treatment admissions. A wide range of stakeholders from more than sixty local, state and federal agencies helped develop a plan of action based on using prevention, intervention, treatment and interdiction in a balanced and coordinated way. More information about the Strike Force is available at www.no2Meth.org.

- *Upgrade Mailboxes.* The committee plans to encourage homeowner associations and apartment owners to upgrade mailboxes. "Cluster boxes" for multiple residences are particularly vulnerable.

- *Site Features.* Physical site features, such as locked dumpsters and secure places for receipts, are important. Jay Foley has conducted risk assessments with several businesses to help them identify and address areas of vulnerability.



DRUG 'CLASSES' HAVE LITTLE LINK TO DANGERS

Great Britain's drug laws that are based a system of classification that reflects the penalties for possessing them or dealing in them. But recent research by medical experts, who analyzed 20 substances for their addictive qualities, social harm and physical damage, produced strikingly different results from the Government's drug classification system, according to *The Independent* (Aug. 1, 2006).

Their research found that heroin and cocaine, both Class A drugs—the most dangerous—topped the table of harm, but alcohol was ranked fifth, ahead of prescription tranquilizers and amphetamines. Tobacco was placed ninth, ahead of cannabis, which has recently been downgraded from a Class B to Class C drug, at 11th. Alcohol and tobacco, and solvents, which can also be bought legally, were judged more damaging than LSD (14th) and ecstasy (18th).

Colin Blakemore, the chief executive of the Medical Research Council and co-author of the report told the BBC Radio 4 Today program: "Alcohol, on our classification, is the fifth most harmful drug—more harmful than LSD and by a long way than ecstasy and cannabis and a whole range of illegal drugs."

"That's not to say there's any argument that alcohol should be made illegal, but it does give one a feel for the relative harm potential from any drug."

According to *The Independent*, MPs on the Commons Science and Technology Select Committee, who were strongly influenced by the research, demanded an overhaul of the system to give the public a "better sense of the relative harms involved."

Phil Willis, who chairs the committee, said the current classifications were "riddled with anomalies" and were "clearly not fit for purpose...It's clearly not fit for purpose in the 21st century, neither for informing drug-users or providing public information."

The committee uses media advocacy to advance goals in each of those four areas. It has press events, submitted guest editorials and distributed news releases to media outlets. The committee aggressively targets a variety of media outlets, including Spanish language media outlets, which are especially important in San Diego. A Web-based daily paper has also covered the story. In addition, it worked with a reporter from *East County Californian*, a regional paper, to develop a three-part series.

"Media helps keep a frame on our issue," said Stinchcomb. "It would be easy for the media to use a hysterical tone about this issue. Our stories help keep a problem solving, productive frame on the issues."

The committee launched SMAC last fall, and continues to refine and advance prevention goals for the issue. "SMAC helps the public see that methamphetamine affects everyone," said Mosler. "You don't have to be married to or raised by an addict to see that this affects you and your pocketbook. That's the kind of public involvement we need." □

Costs of Underage Drinking

Underage drinking costs America nearly \$62 billion a year, according to a recent study published in the *Journal of Studies on Alcohol* (Vol.67, No.4, July 2006).

"Alcohol-related traffic crashes, violence, teen pregnancies, STDs, burns, drownings, alcohol poisoning, property damage and other risks take a human and economic toll that's much greater than illegal drugs," said Ted Miller, PhD, lead author of the cost

study. "Yet we spend so much more on youth drug abuse."

When assigning dollar totals to alcohol-related problems among youth, violence and traffic crashes dominate the costs. The study estimates that youth traffic crashes attributable to alcohol cost \$13.7 billion a year while violence costs \$34.7 billion. Violence includes the 500,000 incidences of rapes and assaults each year related to underage drinking. Alcohol-related problems cost an average of \$4,680 per underage drinker each year.

"Drinks in bars, drinks in cars, drinks stolen from Moms liquor cabinet: the average harm from a kids illegal drink is \$3," Miller said. "That's far more than the 85 cent price tag those drinks carry. It dwarfs the 10 cents in taxes we collect or the 40 cents in profit the alcohol industry reaps."

The study estimates that underage drinking generates \$18 billion in sales of beer, wine and liquor for the alcohol industry each year. Sales of alcohol consumed by minors provide \$2 billion in annual tax revenues. At least 16 percent of all alcohol sold a conservative estimate, according to Miller, is consumed by underage drinkers.

So Much for Café Society

The French have been deserting their country's trademark cafes in droves in the past decade, preferring more sophisticated bars or other smoke-free venues, according to a study reported by an Agence France Presse dispatch.

According to the study, only 41 percent of French people said they regularly visited cafes—compared to 81 percent in 1997—although a majority still said they saw them as an important part of French culture.

Asked why they had change habits, consumers cited high prices and a lack of real non-smoking areas, good music or entertainment, according to the study *Vers une désertion des cafés?* on consumption patterns, carried out for the drinks group France Boissons. Fast-food outlets, restaurants and leisure centers all saw their customer base grow over the period, apparently benefiting from the behavior change.

But the move away from cafes also signaled a broader trend, with 80 percent of people saying they were now staying in more often, because of rising prices and challenge of finding non-smoking areas.

They Heard It on the Radio

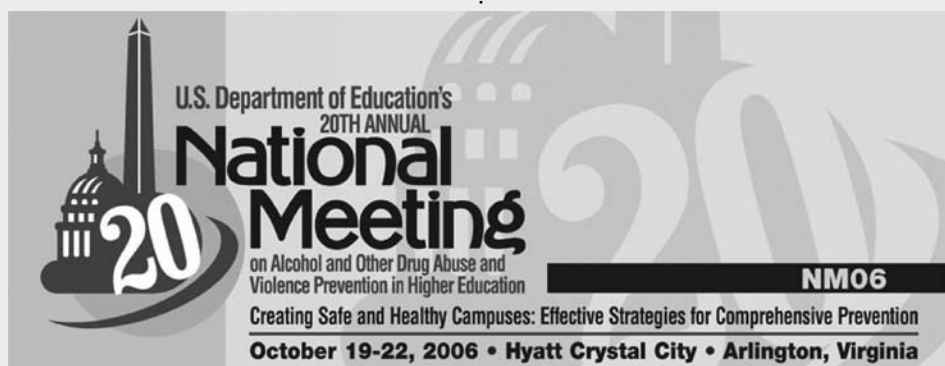
About half of the alcohol advertising on radio is aired during youth-oriented programs, according to "Youth Exposure to Alcohol Advertising on Radio—United States, June-August 2004" (*Morbidity and Mortality Weekly Report*, Centers for Disease Control and Prevention, Sept. 1, 2006). The study suggests that beer and liquor companies are not abiding by a self-imposed ban on advertising to teens.

"Kids in the United States are exposed to a heck of a lot of alcohol advertising, and it impacts what they drink and how much they drink," said Tim Naimi, PhD, a CDC epidemiologist who worked on the study with researchers from Georgetown University's Center on Alcohol Marketing and Youth, in an Associated Press dispatch.

The findings indicate that approximately half of alcohol advertising on radio aired during programs in which the audience was youth-oriented (i.e., composed disproportionately of persons aged 12-20 years). Furthermore, advertisements on such programs accounted for nearly three quarters of all youth exposure to alcohol advertising.

The report says that were advertising eliminated from programs that exceeded the more permissive current voluntary standard used by the alcoholic beverage industry, which stipulates that a program's audience be less than 30 percent youths aged 12-20 years, total youth exposure to alcohol advertising would decrease by approximately one third.

The amount of alcohol advertising placed in programming that exceeded the 30 percent threshold has decreased since the summer of 2003, when analysis of a similar sample found that 28 percent (versus 14 percent in the current study) of advertisements exceeded that threshold and accounted for 53 percent (versus 32 percent in the current study) of all youth advertising exposure. According to the researchers, this reduction occurred, in part, because in 2003, the Beer Institute and Distilled Spirits Council joined the Wine Institute in adopting a 30 percent youth threshold for advertising placement; their previous voluntary threshold had been 50 percent. The change from 2003 to 2004 suggests that companies selling alcohol can change their advertising placement policies and that these changes have an impact on the exposure of youth to alcohol advertising.



For more information please visit www.higheredcenter.org/natl/2006/

Twenty Years Ago in *Prevention File* (Vol. 1, No. 3, Fall 1986)

KIDS AND ALCOHOL

THEY ARE STILL IN THEIR TEENS, but they're wise in the ways of getting a six-pack.

"Sometimes there's a guy hanging around the grocery store. You can pay him a dollar to go in and buy beer for you."

"Using a false ID is easy. A lot of kids look older than they really are. You can get an ID using the birth certificate of your big brother or sister. You can get a driver's license from the DMV that way."

"When you find a mini-mart or grocery store where it's easy to buy, you keep going back to that place."

The words come from young people around a table at one of the neighborhood recovery centers supported by the San Diego County Alcohol Program. The oldest is 19, the youngest 15. Drinking got them into trouble, but they are staying sober now.

A recent statewide survey conducted by the Attorney General's office revealed how ineffective is California's law fixing 21 as the minimum drinking age. More than half of California youngsters have tried alcohol by the time they reach the 7th grade. Fully 65 percent have been intoxicated at least once by the time they begin their senior year in high school. One out of five 11th graders drinks beer at least once a week.

This is not harmless experimentation. In 1984, drunk drivers between the ages of 16 and 19 were involved in 5,064 accidents on California streets and highways. Drunk driving accidents are the leading cause of death among teenagers. Youths under 20 are arrested for driving while

intoxicated and other alcohol violations far more often than they are arrested for offenses involving other drugs.

Better enforcement of the laws against the sale of alcohol to minors is one of the goals adopted by the commission on the Prevention of Drug and Alcohol Abuse appointed by California Attorney General John Van de Kamp.

Careless or lenient clerks, false IDs, and persons over 21 who are willing to buy booze for younger people are part of a problem that has seen the prevalence of alcohol use among adolescents double in the last ten years. The growth in teenage drinking has paralleled a proliferation of places in San Diego County where alcoholic beverages are sold.

The Attorney General's commission made

two recommendations that could have a direct impact on the enforcement of the law against sales to minors. It urged that "decoys" be used to smoke out retailers who are willing to violate the law, and it asked the governor and the Legislature to increase the appropriation for enforcement activities by the Department of Alcoholic Beverage Control, which has undergone drastic cuts in its staff of inspectors in recent years.

One source of sales to minors is outside the reach of the ABC. Said one youth at the table: "You can go down to Tijuana and get whatever you want, and be back for a party in no time." There is no minimum age for purchase of alcoholic beverages in Mexico.

Editor's note: Prevention File has covered the topic of underage drinking since its inaugural issue in Fall 1986. In this, the last quarterly issue of Prevention File, long-time alcohol researcher Robert Voas, PhD, comments on the importance of enforcing underage drinking laws and echoes the recommendations—made 20 years ago by the Attorney General's commission—for the use of decoy programs and increased funding for enforcement activities. Voas says, "Community members concerned with underage sales may have to get city councils involved to make sure that the police department is funded adequately to enforce the law."

While Prevention File will cease to be a quarterly publication, we will continue to publish special editions on topics such as prevention in higher education.

